PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork Reduc	tion Act of 199	5 no persons are requ	ired to re	spond to a collection	n of inform	ation unless it displays	s a valid OMB control number	
Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818),				Complete if Known				
FEE TRANSMITTAL For FY 2008				Application Number 10/765,782				
				Filing Date		June 11, 2003		
				First Named Inv	ventor	Paul Silinger		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	e	Luan V. V	an	
				Art Unit		1795		
TOTAL AMOUNT OF PAS	MENT (\$	0.00		Attorney Docke	t No.	нооо2233.	33717 US -401	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Character (a) (a) indicate at the last								
✓ Charge erest) indicated below, except for the filling fee ✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Charge fee(s) indicated below, except for the filling fee ✓ Charge fee(s) indicated below, except for the filling fee ✓ Charge fee(s) indicated below, except for the filling fee ✓ Charge fee(s) indicated below, except for the filling fee ✓ Charge fee(s) indicated below, except for the filling fee								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type	Fee (\$)	mail Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Smail Entity Fee (\$)	Fees Paid (\$)	
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims						Fee (\$) 50 210 370	Small Entity Fee (\$) 25 105 185	
				Pald (\$) Multiple Dependent Claims				
- 20 or HP = x = HP = highest number of total claims paid for, if greater than 20.						Fee (\$)	Fee Pald (\$)	
Indep. Claims	Extra Clain		Fee	Pald (\$)		-		
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3,								
APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer)								
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5) ("cound up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge):								
		/						

Registration No. (Attorney/Agent) 46,264 Signature Telephone 949-224-6282 Name (Print/Type) \$andra P. Thompson Date 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. USPI OIs process) an appreciation. Contenerating its governed by 3 bl.S.C. 122 and 37 CFR 1.14. Inst collection estimated to take 30 minutes to complete, including gathering, preparing, and supporting the completed application from the IUSPID. The wait vary depending upon the individual gas. Any comments of the process of the including the process of the process o ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.